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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

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| | | Application Number | 10/688,650 |
| | | Filing Date | October 17, 2003 |
| | | First Named Inventor | Nollert, Peter |
| | | Art Unit | 1743 |
| | | Examiner Name | |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 018062-003130US |

ENCLOSURES (Check all that apply)

| | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | William F. Vobach | | |
| Date | July 26, 2005 | Reg. No. | 39,411 |

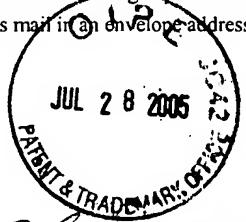
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Typed or printed name | Kay Barclay | Date | July 26, 2005 |

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On

TOWNSEND and TOWNSEND and CREW LLP

By:

Mark S. Stanley

PATENT
Attorney Docket No.: 018062-003130US
Client Reference No.: 2000-026

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Peter Nollert, et al.

Application No.: 10/688,650

Filed: October 17, 2003

For: METHOD AND APPARATUS FOR
PREPARING LIPIDIC MESOPHASE
MATERIAL

Examiner:

Art Unit: 1743

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Mail Stop: Amendment
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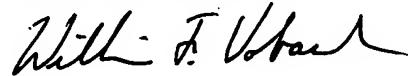
Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



William F. Vobach
Reg. No. 39,411

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 303-571-4000
Fax: 303-571-4321
WFV:klb
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| Substitute for form 1449A/PTO | | | | Complete if Known | |
| | | | | Application Number | 10/688,650 |
| | | | | Filing Date | October 17, 2003 |
| | | | | First Named Inventor | Nollert, Peter |
| | | | | Art Unit | 1743 |
| | | | | Examiner Name | |
| Sheet | 1 | of | 2 | Attorney Docket Number | 018062-003130US |

| U.S. PATENT DOCUMENTS+ | | | | | |
|-------------------------------|-----------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number Kind Code ² (if known) | | | |
| AA | US-4,046,145 | | 09-06-1977 | Choksi et al. | |
| AB | US- | | | | |
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| FOREIGN PATENT DOCUMENTS | | | | | | | |
|---------------------------------|-----------------------|---------------------------|---|--------------------------------|---|--|--------------------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ | Number ⁴ Kind Code ⁵ (if known) | | | | |
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| Substitute for form 1449B/PTO | | | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | | Application Number | 10/688,650 |
| <i>(use as many sheets as necessary)</i> | | | | Filing Date | October 17, 2003 |
| | | | | First Named Inventor | Nollert, Peter |
| | | | | Art Unit | 1743 |
| | | | | Examiner Name | |
| Sheet | 2 | of | 1 | Attorney Docket Number | 018062-003130US |

| NON PATENT LITERATURE DOCUMENTS | | | | |
|--|-----------------------|---|--|----------------|
| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | T ² |
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.